

SECTION I – PATIENT’S CERTIFICATION

1. I certify that:
- I do not wish to see a provider for advice before receiving the medication indicated below.
 - I understand that the medication is for use only in minor illnesses/conditions.
 - If symptoms persist for more than 48 hours, I will consult a medical professional.
 - The person requesting this medication is not under the age of 18 years.
 - The medication is only being used by the patient named below.
2. I further certify that _____, _____ is not –
 _____ (Patient’s name) _____ (Date of birth)
- On flying status.
 - Allergic to any medication selected.
 - Intending to use the medication for any purpose other than that recommended on the package labeling.

Name of patient, parent, or guardian

Signature

Prefix-SSN

Date

SECTION II – MEDICATIONS

***There is a limit of two (2) medications per individual and four (4) medications per family per 30-calendar day period.
 Misuse of this program will result in loss of privileges.***

Drug names appearing below in parentheses are of commonly used brand/trade names and are used as examples only.

ANY AGE:

- Bacitracin ointment 30gm- antibacterial
- Saline (Ocean Mist) nasal mist 45mL
- Simethicone (Mylicon) 40mg/0.6mL liquid 30mL–for gas
- Zinc Oxide ointment topical 30 gm – skin protectant
- Acetaminophen (Tylenol) 160mg/mL (child) liquid 120mL*¹ for pain and fever relief

TWO YEARS & OLDER:

- Clotrimazole (Lotrimin) 1% cream 15gm -anti fungal
- Hydrocortisone 0.5% & 1.0% cream 30gm-anti-inflammatory (Caution in pediatrics-use least amount for shortest time)
- Ibuprofen (Motrin) 100mg/5mL liquid 120mL* for pain and fever relief (not recommended for age<6 mo)

SIX YEARS & OLDER:

- Acetaminophen (Tylenol) 325mg tablets 100s-pain and fever
- Diphenhydramine (Benadryl) 25mg capsules 24s
- Diphenhydramine (Benadryl) 12.5mg/5mL liquid 120mL
- Ibuprofen (Motrin) 200mg tablets 100s-pain and fever
- Loratadine (Claritin) 10mg tablets 30s- allergy or runny nose
- Loratadine (Claritin) 1 mg/ml syrup-118ml – allergy or runny nose- age 4+
- Milk of Magnesia liquid 473mL
- Cepacol sore throat lozenges

TWELVE YEARS & OLDER:

- Alum/Mag OH (Maalox) liquid 355mL
- Clotrimazole 2% vaginal cream 21gm-anti fungal
- Guaifenesin/Dextromethorphan (Robitussin DM eq) liquid 120mL- Cough suppressant & mucous thinner
- PseudoGest (phenylephrine) decongestant 10 mg
- Clotrimazole 1% topical cream-anti fungal
- Tolnaftate 1% topical powder-anti fungal

SIXTEEN YEARS & OLDER:

- Bismuth Subsalicylate (Pepto Bismol eq) tablets 30s

* Weight-based dosing may be provided by a pharmacist for patients < 2 years of age.

¹ Acetaminophen Infant drops are not dispensed due to high risk of over dosing

BJACH SELF CARE SURVEY

1. I used Self-Care instead of an Emergency Room visit.

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

2. I used Self-Care instead of making a Tricare Same Day Appointment

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

3. I avoided missing training time by using Self-Care.

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

4. I used Self-Care instead of Sick Call

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

5. The Self-care class and manual helped me decide to use Self-care or seek medical care via Sick Call, Same day appointment or Emergency Room

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

6. Have you used Self-care within the last 30 days for the same illness?

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

The Self-care program is a benefit to my health?

| | | |
|-----|----|----|
| Yes | No | NA |
|-----|----|----|

THANK YOU FOR YOUR SUPPORT IN COMPLETING THIS SURVEY

BJACH PHARMACY SERVICE

AND DEPARTMENT OF PREVENTIVE MEDICINE